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President: Ms. Al-Khalifa ..... (Bahrain)

The meeting was called to order at 10.20 a.m.

Agenda item 46 (*continued*)

Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

Report of the Secretary-General (A/61/816)

Draft decision (A/61/L.58)

The President: Members will recall that, at its 65th plenary meeting, on 4 December 2006, the General Assembly adopted decision 61/512.

HIV/AIDS is often spoken of in terms of numbers. Those numbers are shocking beyond belief, but they help us to understand the magnitude of this pandemic. Since HIV/AIDS was first discovered, on 5 June 1981, it has killed more than 25 million people worldwide. Currently, approximately 40 million of the world's people are infected with HIV, with some 4.1 million infected last year alone. Twelve million children in Africa are orphaned by AIDS; 8,000 people die, and 6,000 continue to be infected, every day.

Each and every one of those facts and figures tells us an individual story in its own way. When we put those stories together, they reflect the unimaginable tragedy and despair of those who are living with this disease or taking care of someone suffering from it, day in and day out.

HIV/AIDS is a nightmare that haunts us all, and it demands immediate and sustained engagement on the part of the world community. We are all tested by this crisis, not only in terms of our willingness to respond, but also in terms of the divisions that shape our response. The response to HIV/AIDS is not a question of either treatment or prevention, or even of what kind of prevention; it is a question of all of those combined. Neither is it a matter of either science or values; it is a matter of both.

Our world will never be entirely secure unless we tackle poverty, injustice and inequality. HIV/AIDS relates to all three. It is a growing problem that will kill more than 3 million people this year.

There is a security dimension to this as well. In the globalized world in which we live today, the ability of pandemics to spread swiftly beyond national borders has never been greater. As HIV/AIDS has spread, it has devastated whole populations, leaving some countries more fragile and exposed to all sorts of dangers, including civil wars.

HIV/AIDS also hinders development. It devastates economies in the developing world, widening even further the gap between the world's richest and poorest countries. It destroys hope, dreams and aspirations. And it will kill the future unless we do more to fight it, for we are in a race against time.

In sub-Saharan Africa, the spread of HIV/AIDS is most severe. Life expectancy there is only 46 years. The region accounts for 62 per cent of global infections and for the majority of deaths overall due to the disease. The rate of HIV/AIDS infections is up to six times higher among young women than among young

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men. As a result, nearly 1,000 innocent children die every day in Africa. That can be halted. Better still, it can be reversed.

In 2005, donors agreed to support free basic health care, universal access to HIV/AIDS treatment and primary education for all. Developing countries agreed to develop national plans to defeat the spread of the disease as part of their overall strategy to achieve the Millennium Development Goals by 2015.

Although Governments play a central role in the response, they alone cannot tackle this global emergency. Nor can the United Nations. What we need is a partnership among Governments, multilateral institutions, civil society, non-governmental organizations, scientists and doctors, as well as individuals. Most important, we need to engage those living with HIV/AIDS and those at greatest risk of infection — women and children — to be at the centre of the response.

Yet many still find it difficult or embarrassing to talk about HIV/AIDS. Many women would rather not get the treatment they need to save their lives or prevent their children from contracting HIV/AIDS, because they do not want — or do not know how to cope with — the fear and stigma of HIV/AIDS.

Only one in five young women knows how to prevent HIV/AIDS transmission, and fewer than 1 in 10 HIV-positive pregnant women receive antiretroviral drugs. I very much hope that the feminization of the epidemic will be a major element in our deliberations and that we can have a tangible impact on young women's lives.

More than 17 million women live with HIV/AIDS worldwide, and an additional 225 young women become infected every hour. Nearly 140 million women do not have access to contraception, so they have no choice in deciding if or when to have children.

There are some very practical things that we can all do to make a difference. We must establish healthful behaviours when our children are young, rather than ask them to change later. In some countries, young people experience pressure to opt out of education or to have unprotected sex.

If world leaders honour their commitments and live up to their promises, young people will have the reproductive health services and information that meet their needs. Young people also need a good education. When our children are in school, they are much less likely to be infected by HIV/AIDS than those who are not in school. Yet more than 100 million children are not currently in school.

We also need to remove the stigma that goes along with getting tested for HIV/AIDS. In some places, 9 in 10 people with HIV/AIDS have no idea that they are infected. As we work carefully to slow the rate of new infections, we must also remember that we have a responsibility to treat the 40 million people who are already living with HIV/AIDS. We must work with drug companies to reduce the costs of antiretroviral drugs.

We have to work with developing countries to help them build the health systems that they need in order to treat those who are infected. That means more resources for hospitals and more training for doctors and nurses. We need to couple all those efforts with making sure that those who are getting treatment have enough food to eat.

As the Secretary-General notes in his report, we need a comprehensive approach to defeat HIV/AIDS. Going forward, it will be essential for the General Assembly to continue to monitor progress and to keep this issue at the top of the agenda. We must constantly ask ourselves: What are we doing to fight this global emergency and what more can we do? Whether or not we continue to act and give the highest priority to this matter, future generations will either praise us or hold us accountable for our failure to prevent the spread of this disease.

This is a make-or-break time, but beating this disease is entirely within our reach.

I now give the floor to the Secretary-General, His Excellency Mr. Ban Ki-moon.

The Secretary-General: I am grateful for this opportunity to meet with all present on one of the gravest challenges of our time.

In the course of a quarter of a century, HIV has infected 65 million people and killed 25 million. Today, 40 million people are living with HIV; almost half of them are women. More women — including married women — are living with HIV than ever before. Without adequate treatment, all those infected will die. Some 8,000 people die of AIDS-related illnesses every day. At the same time, another

12,000 become infected with HIV. For every person who starts antiretroviral treatment, six more become infected.

Those numbers are humbling, but even they do not convey the full and true reality of AIDS. They do not tell us of the human implications for the individuals directly affected, for their families and their communities. That is why I will be meeting today with a group of United Nations staff living with HIV. I am proud that those staff members, in coming together as the United Nations System HIV-Positive Staff Group, have the courage and strength to speak up, to challenge stigma and discrimination, and to work to make the United Nations a model of how the workplace should respond to AIDS.

But make no mistake: In some way or another, we all live with HIV. We are all affected by it. We all need to take responsibility for the response. Governments recognized that when they adopted the Political Declaration on HIV/AIDS a year ago. They renewed and deepened the pledges they made in the Declaration of Commitment five years before, and they set a new global objective towards universal access to treatment, prevention, care and support by 2010.

Ensuring such access is critical to achieving the Millennium Development Goal of halting and beginning to reverse the spread of HIV among women, men and children by 2015, and it is a prerequisite for meeting most of the other goals. We cannot win the fight for development if we do not stop the spread of HIV. All four elements of the response — treatment, prevention, care and support — are essential and interconnected. The report before the Assembly today shows that progress is possible on all four fronts.

Over the past year, important groundwork has been laid to ensure universal access. Ninety countries have set national access targets and many aim to double or triple the coverage of antiretroviral treatment by 2010. Two million people in low- and middle-income countries are now receiving treatment. In countries with generalized epidemics where there have been sustained prevention efforts, HIV prevalence is declining. Several countries have made special services available to AIDS orphans, ensuring access to health, education and social welfare.

And yet, the epidemic is still spreading. Over the past two years, the number of people living with HIV has increased in every region in the world — not least in my own home continent, Asia. As an Asian Secretary-General, I am determined to speak up about the spread of AIDS on the continent. Every day of denial takes a terrible toll. Every new infection adds to the burden on individuals, families, households, communities and society as a whole. Every day, prevention becomes more urgent.

Around the world — including in Africa, where AIDS has wreaked its worst devastation so far — we have seen many examples of effective prevention programmes. Those must be scaled up and made accessible to all. That means overcoming the obstacles that keep so many people from accessing prevention services — including women, girls and members of vulnerable groups.

It means adopting a comprehensive approach to tackling diseases intimately linked with HIV, especially tuberculosis. It means investing further in tools for prevention and treatment, including vaccines and microbicides. It means mustering the political will to address the factors that drive the epidemic, including gender inequality, stigma and discrimination. It means ensuring full and predictable funding for infrastructure, human resources and credible national AIDS plans based on an honest understanding of the specific nature of the local epidemic. It means building partnerships with all Governments, the private sector and civil society to make AIDS money work better and more effectively, and it means sustaining those efforts not just for years, but for decades to come.

For my part, as Secretary-General I promise that AIDS will remain a system-wide priority for the United Nations; that the United Nations will deliver as one on AIDS, and the already pioneering coordination efforts of the Joint United Nations Programme on HIV/AIDS and its cosponsors will be strengthened further through system-wide coherence; and that I will make every effort to mobilize funding for the response to AIDS, now and in the longer term.

If we have learnt one lesson beyond any other in the past 25 years, it is surely this: Only when we work together with unity of purpose — unity among Governments, the private sector and civil society — can we defeat AIDS. I thank all members for their commitment and look forward to working together with them on this vital mission in the years ahead.

The President: I call on the representative of Germany, who will speak on behalf of the European Union.

Mr. Matussek (Germany): I have the pleasure of speaking on behalf of the European Union (EU).

The European Union would like to thank the Secretary-General for his informative report, and fully supports the recommendations he highlights therein.

Progress has been made since the adoption of the Declaration of Commitment on HIV/AIDS in 2001, and the Political Declaration on HIV/AIDS at the High-level Meeting last year. Therefore, those declarations can be regarded as milestones in the fight against HIV/AIDS. We hope that those global objectives will serve us well in successfully fighting HIV/AIDS and in reaching the Millennium Development Goals by 2015 at the latest, and also the goal of universal access to comprehensive HIV/AIDS prevention programmes, treatment, care and support by 2010. The EU also recognizes the importance of fulfilling the goals and objectives of the Cairo Agenda of the International Conference on Population and Development, as well as the Beijing Declaration, in the fight against HIV/AIDS, but if we are to be able to reach those goals, the political emphasis should now move to the implementation of our commitments.

We believe that the goal of universal access will have an impact on reaching the Millennium Development Goals, in particular poverty reduction, education, gender equality, maternal health and combat of child mortality. The HIV/AIDS epidemic cannot be seen as merely a health issue, but must be looked at as a barrier undermining human security, human rights, gender equality and sustainable development as a whole. Despite the fact that international funding for the fight against the HIV/AIDS epidemic has increased and efforts to reach universal access to comprehensive prevention programmes, treatment, care and support have been intensified, challenges for developing countries are still enormous.

We welcome the fact that 57 States have set interim national targets by the end of 2006, in accordance with the Political Declaration. Those national targets aim, for instance, at improved treatment, prevention, care for orphans and vulnerable children, condom distribution and prevention of mother-to-child transmission. The European Union urges all countries that have not done so to set ambitious national targets to achieve universal access by 2010.

For targets to be successful, they must be rooted in national priorities, plans and budgets. Tackling HIV/AIDS must become part of affected countries' overall planning processes and strategy work. We note with concern that only about one third of the 90 countries that have set national targets have actually incorporated those targets into an updated, costed and prioritized national plan. We therefore appeal to the remaining countries to incorporate their national targets, as we believe that to be a prerequisite to ensuring that national targets are successfully met.

We recall the conclusions of the 2001 Abuja Summit concerning the share of 15 per cent of national budgets to be allocated to public health. While progress has been made to finance the fight against HIV/AIDS, much remains to be done. The EU recognizes in that regard the pivotal role of the Global Fund to Fight Aids, Tuberculosis and Malaria, to which it has provided more than 50 per cent of the total contributions. The European Union remains committed to further strengthening the Fund's potential, including through its forthcoming replenishment focusing on the period 2008 to 2010. We strongly invite other donors to follow the EU on that path.

The European Union is also concerned to learn that many national HIV/AIDS plans that have been established do not address the main obstacles to universal access, including gender inequality, stigma and discrimination, weak health systems, insufficient human resources, lack of predictable and sustainable financing, and lack of full access to affordable health care services and commodities. The rising trend of feminization of the epidemic — women today account for almost 50 per cent and, in some African countries, even for almost 60 per cent of all people living with HIV/AIDS — is unacceptable, as is the rising number of infections among young people, mostly girls and young women, who accounted for 40 per cent of new infections in 2006. We cannot and must not ignore legal, social, economic and cultural issues that drive the epidemic, but have to deal with them proactively. And we urge those countries that have not done so to ensure, with support from the United Nations, that all national HIV/AIDS plans address those drivers of the epidemic.

The European Union fully agrees that policy-makers and programmers must identify the drivers and risk factors of the epidemic in order to successfully set national targets and develop national HIV/AIDS plans. Information on who is most vulnerable to HIV/AIDS infection and on the linkages between certain risk behaviours, vulnerabilities and economic, legal, political, cultural and psychological conditions is crucial for developing evidence-based HIV/AIDS policies and plans. As the report recognizes, failure to address existing barriers and the drivers of the epidemic will result in failed prevention efforts.

The report also indicates that only 49 countries have satisfactory processes in place for regular participatory reviews of progress, including monitoring and evaluation mechanisms. This means that the third component of the "Three Ones" principle is far from being implemented. It is alarming to read in the report that international partners are not yet fully respecting their commitments under the 2003 Rome Declaration on Harmonization and the 2005 Paris Declaration on Aid Effectiveness, and that the engagement and involvement of civil society in discussion and resource allocation is often not guaranteed. Those two critical declarations on aid effectiveness have been further translated into the HIV/AIDS reality by the Global Task Team on Improving AIDS Coordination among Multilateral Organizations and International Donors. The recommendations from the Task Team have been endorsed by all relevant boards and other decision-making forums, and therefore the EU strongly urges all partners in the fight against HIV/AIDS, within the international system and at national levels, both in affected countries and among donors, to fully adhere to commitments made during the Global Task Team process.

Concerning gender inequality and women's empowerment, the report states that many women become infected or are at risk of being infected even if they do not practice high-risk behaviours. Their vulnerability derives mainly from the behaviour of others, from their limited autonomy and other external factors, including social and economic inequities beyond their control. Gender inequality and discrimination against women in general, and violence against women and girls in particular, are often perceived in an isolated manner. However, the current challenge posed by HIV/AIDS underlines that gender inequality, discrimination on the basis of gender and all forms of violence against women are some of the root causes that foster the spread of the epidemic, which need to be addressed. Women and girls who become victims of human trafficking, genital mutilation, forced prostitution, transactional or survival sex, sexual violence, exploitation and child marriage are at an especially high risk of becoming infected. Violence against women and girls not only is a human rights problem but directly affects the progress we make towards achieving the Millennium Development Goals. Yet, the response to date has been grossly inadequate, and resources to tackle gender-based violence are limited.

The rising figures clearly demonstrate that gender equality should be the focus of renewed international and European efforts to combat HIV/AIDS. In striving to focus on the empowerment of women, it is also important to involve men and boys and to challenge norms around gender, sexuality and identity that fuel the epidemic. The European Union welcomes the adoption by the World Bank of a new health strategy in which sexual and reproductive health and rights, as set out in the Cairo programme, receive the focus they deserve. Under the German presidency, the European Union has also recently adopted Council conclusions focusing on: the feminization of the HIV/AIDS epidemic and the linkage between HIV/AIDS and sexual and reproductive health and rights in that context; existing and new female-controlled prevention methods, such as the female condom and the development of safe microbicides; the linkage between education and HIV/AIDS as well as increasing the availability of human resources for health. Turning to the subject of weak health systems and the lack of human resources for health, equitable and pro-poor health systems that are accessible and provide affordable and high-quality health care and services on a sustainable basis as well as adequately trained health workers are key in the fight against HIV/AIDS and other diseases. That applies particularly to sexual and reproductive health.

Unfortunately, the crisis in human resources for health is a global one, with 75 countries having fewer than 2.5 health workers per 1,000 population. Therefore, in its communication of December 2006, the European Commission presented a European programme for action to tackle the critical shortage of health workers in developing countries for the time period 2007-2013. The programme for action contains

defined actions at country, regional and global levels to be taken forward by the EU and actions to be supported directly by the EU and EU member States. Moreover, the European Union, under the German EU presidency, undertook the development and formal adoption of conclusions on the same topic.

We welcome the expansion of treatment service — an increasingly important aspect in the fight against HIV/AIDS — and the fact that currently 28 per cent of the estimated 7.1 million people in need are receiving antiretroviral therapy. However, the fact that coverage for children in need of such treatment is still especially low — only 8 per cent — must encourage us to increase our efforts in that regard.

Tuberculosis is one of the most common causes of illness and death for people living with HIV/AIDS. An integrated approach to the testing and treatment of HIV/AIDS and tuberculosis is required in order to tackle the high rates of co-infection and the emergence of extensively drug-resistant tuberculosis. In that regard, the European Union welcomes the development and exploration of innovative sources of financing, including through such mechanisms as the International Drug Purchase Facility.

As has been highlighted repeatedly by the European Union in the last years — for instance in the EU statement on the occasion of World AIDS Day in 2005 — comprehensive evidence-based prevention must be at the centre of our response to HIV/AIDS. We also cannot understand that there should remain an unwillingness to give young people comprehensive information and education and services and commodities in a timely manner despite sound evidence about the effectiveness of certain interventions, such as condom distribution in schools. It is time that we accepted the need to provide as many people as possible — not only adults, but also young people, who account for 40 per cent of all new infections — with adequate information about this disease.

In addition, it is crucial both to scale up access to existing prevention programmes and to increase investment in the development of additional prevention options, particularly those that improve choices for women such as HIV/AIDS vaccines, microbicides and female condoms. Also, the number of pregnant women receiving services to prevent mother-to-child transmission is alarmingly low, at 11 per cent: this needs more attention and should be included in national HIV/AIDS plans.

Children orphaned or made vulnerable by HIV/AIDS generally need our focused attention. We welcome initiatives by several countries with regard to minimum packages of services, including access to education, health care, social welfare and protection services, in their poverty reduction strategy papers. We recognize that there is a connection between HIV/AIDS prevention and the length of time that a young person attends school, and that progress in achieving universal education, in particular at the secondary level, is a salient factor in halting the spread of HIV/AIDS. School children present a window of hope into an HIV/AIDS-free future. Nearly all school-age children are free of HIV/AIDS infection, even in countries with the highest HIV/AIDS prevalence rates. If children were to remain free of infection as they grew up, they could change the face of the epidemic within a generation. Therefore, we also commend countries' efforts to increase school attendance, inter alia through the abolition of school fees.

I turn now to the question of addressing the drivers of the epidemic. Globally, injecting drug users, sex workers, prisoners, migrants and men who have sex with men are regularly denied access to information, services, treatment and care and are often subjected to discrimination and violence. Those groups and their partners, as well as buyers of commercial sex, are among the populations most at risk of HIV-infection. A number of countries are now starting to gather information on those segments of their population which are most at risk of infection in order to enable targeted prevention programmes — a key step in knowing one's epidemic and the drivers of it and preparing evidence-based policies and programmes.

The involvement of people living with HIV/AIDS and members of vulnerable groups is central to ensuring successful responses to the epidemic, as they can represent the interests of affected groups. We support the meaningful involvement of people living with HIV/AIDS, vulnerable groups, most affected communities, civil society and the private sector, as set out in the Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration. We encourage stronger analysis of the involvement of those groups in future reports.

In concluding, I would like once again to express our thanks for the present report. The European Union is now looking forward to the 2007 UNAIDS annual report and a more extensive review by the Secretary-General in 2008, which will also take into account the progress reports submitted by countries.

The President: I call on the representative of the United Republic of Tanzania, who will speak on behalf of the African States.

Mr. Mahiga (United Republic of Tanzania): I have the honour to speak on behalf of the African Group on the follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS.

The African Group welcomes the report of the Secretary-General, contained in document A/61/816 and provided for this agenda item, and notes that the report represents an interim assessment of the global AIDS response over the past 12-month period. The African Group looks forward to a more comprehensive report in 2008, which will be prepared with inputs from Member States.

The African Group commends the work undertaken by the secretariat of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its cosponsoring agencies in the implementation of the Declaration of Commitment on HIV/AIDS.

AIDS is a pandemic that has an uneven effect globally. Whilst HIV/AIDS affects all regions, sub-Saharan Africa continues to bear the brunt of the global epidemic, but the threat remains universal. According to UNAIDS reports, out of the total of adults and children living with HIV, 63 per cent live in sub-Saharan Africa. In 2006, 72 per cent of all adult and child deaths due to AIDS occurred in sub-Saharan African. Considering that that region is home to only 10 per cent of the world's population, as well as to the majority of the world's poor, the impact of the pandemic is devastating demographically, socially and economically.

What we are witnessing is that, although HIV/AIDS affects all categories of people, it has become increasingly the disease of the poor, with women and children as the main victims due to their inherent social vulnerability. Sub-Saharan African is home to 80 per cent of children who have lost one or both parents to HIV/ADS. Our efforts therefore also need to focus on the protection of the rights of children, particularly girl children. In that region, for every 10 adult men living with HIV/AIDS, there are about 15 women who are infected with the virus. The feminization of AIDS has actually become a global phenomenon, affecting countries in varying degrees. That is the manifestation of the multifaceted gender inequalities between men and women. Concerted affirmative efforts towards women's empowerment and gender equality are therefore needed in our endeavours to combat HIV/AIDS. The trend has to be reversed. The consequences of not effecting a reversal would be to compromise the achievement of development goals, including the Millennium Development Goals.

The African Group is encouraged by the fact that a number of low- and middle-income countries have developed national plans to combat the AIDS epidemic. It should be noted, however, that setting targets and costing them in national plans — commendable as that is — is only one step forward. The remaining challenge is to implement the plans. If we are to move towards the goal of universal access to HIV prevention programmes, treatment, care and support by 2010, then those plans will need to address the country-specific root drivers of the pandemic; move beyond health-related interventions to address the legal, social, economic and cultural issues; and aim for interventions that have potential composite results. Furthermore, the plans need to set ambitious yet realistic targets for scaling up interventions and should be backed with adequate resources.

It is a reality that the low- and middle-income countries will need external resources in order to implement such plans. We are therefore encouraged by the increased amount of global resources available for HIV/AIDS, but the African Group is still concerned with the funding gap between resources needed to combat the pandemic and resources available to meet the challenge. The Secretary-General has reported that the resources available for low- and middle-income countries is slightly more than half of what is needed. It should be noted that HIV/AIDS is one of the new global health challenges to humanity as a whole. It requires a global commitment and a global response. To that end, the African Group urges the international community to follow up on its commitments and to continue to provide additional funding for public health and development programmes. The African Group further encourages public-private sector collaboration

in addressing HIV/AIDS. The United Nations system as a whole should promote and back that initiative.

It is important that, as interventions are scaled up, there be predictability and availability of needed resources to ensure the sustainability of the scaled-up interventions. On that score, the African Group commends the various financing mechanisms that have contributed so far to the increased predictability of funding for HIV/AIDS interventions. Capacity-building and the reduction of bureaucratic constraints need to be addressed to ensure the smooth flow of funds to Member States. The African Group emphasizes, however, that funding for HIV/AIDS interventions should be aligned to national plans. Furthermore, the African Group calls for the harmonization of all country programmes on HIV/AIDS with national plans and for efforts to be undertaken to avoid duplication and to ensure coherence at all levels. Capacity-building in many low- and middle-income countries for the "Three Ones" needs also to be given due consideration.

The Secretary-General reports that as of December 2006, an estimated 2 million people in low- and middle-income countries, representing 28 per cent of the people in need, received antiretroviral therapy. That figure is low and falls short of the earlier target set by the 3 by 5 Initiative. It is also disheartening that, in low- and middle-income countries, no more than 8 per cent of HIV-positive children estimated to be in need of antiretroviral therapy have access to it. The African Group notes with concern that the number of people with advanced HIV infection requiring antiretroviral therapy is increasing faster than the provision of retroviral therapy. We note also with equal concern that the proportion of pregnant women receiving services to prevent mother-to-child transmission of HIV increased from 9 per cent in 2005 to only 11 per cent in 2006 — far below the rate of increase in transmission.

To substantially improve treatment, far greater investment is required in the infrastructure of health systems, including human, administrative, procurement and financial resources. We have also to address the challenge of food insecurity and promote good nutrition amongst our populations. Furthermore, it is critical that we continue with endeavours to reduce the prices of medicines and other related commodities for an effective response to HIV and AIDS. We have to encourage innovation and research into additional tools for our response, including vaccines and microbicides, traditional medicine and other forms of therapies.

As we embark on sustained treatment, we need also to scale up prevention interventions. It is important to note that HIV/AIDS is a complex health issue that needs to be addressed from a holistic point of view. That would entail addressing also such non-health issues as orphans, combating stigma, discrimination, behaviour modification, community mobilization, human rights and many other non-health issues so as to move towards the goal of universal access to HIV prevention programmes, treatment, care and support.

The African group fully concurs with the recommendations of the Secretary-General that Member States need to know the nature of the global health threats in their respective countries. That would entail, inter alia, capacity-building for the establishment and maintenance of surveillance, monitoring and evaluation systems that would feed into the national plans. That approach would ensure that national plans address country-specific needs and that resources are put into those interventions that have optimal results. At the same time, there is a need to enhance capacity to manage and respond at the country level for data gathering and analysis.

Political will is the overriding requirement and is essential in our endeavours to combat HIV/AIDS. The African States reiterate their commitment to the Declaration of Commitment on HIV/AIDS and to the Political Declaration on HIV/AIDS, and further express their commitment to scaling up towards universal access to HIV/AIDS prevention, care and treatment by 2010. The African Member States further reiterate and underscore the centrality of international cooperation to support national efforts. The African Group also wishes to acknowledge with encouragement the important role played by civil society and the scientific community. The African Member States are ready and willing to work with the international community and all other actors to ensure that the goals and targets that we have set to combat HIV/AIDS are realized.

The President: I call on the representative of Lesotho, who will speak on behalf of the Southern African Development Community.

Ms. Moteetee (Lesotho): I have the honour to speak on behalf of the States members of the Southern

African Development Community (SADC): Angola, Botswana, the Democratic Republic of the Congo, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, the United Republic of Tanzania, Zambia, Zimbabwe and my own country, Lesotho.

SADC aligns itself with the statement just made by the representative of the United Republic of Tanzania on behalf of the African Group.

SADC wishes to express its sincere appreciation for the dedication and able leadership you, Madam, have shown at this sixty-first session of the General Assembly.

We welcome the report of the Secretary-General contained in document A/61/816, and we commend him for his lucid presentation. We also welcome this opportunity to participate in this very important debate on a subject that is very dear to our hearts: "Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS".

It is common knowledge that southern Africa has the highest HIV and AIDS prevalence in Africa. Indeed, while sub-Saharan Africa is home to only 10 per cent of the world's population, it has more than three quarters of all people living with HIV and AIDS. According to the Joint United Nations Programme on HIV/AIDS report of 2006, 32 per cent of people living with HIV and AIDS globally are in southern Africa and 34 per cent of deaths globally occur in southern Africa. Our concern is that if this trend is left unchecked, it could reverse all the minimal development gains achieved in the region. We wish to stress that more needs to be done both at the regional and at the international levels if SADC is to achieve the Millennium Development Goals by 2015.

As HIV and AIDS continue on their destructive path, they remain the greatest challenge in our region. In that regard, our countries are faced with ever-increasing numbers of orphans and vulnerable children, as well as child-headed households.

In the 25 years since the pandemic was first diagnosed in the region, it has grown to unprecedented levels and is reported to be one of the leading causes of death. In that respect, SADC member States have individually and collectively accorded the highest priority to the full and speedy implementation of the targets set by our world leaders at the twenty-sixth special session of the General Assembly and its five-year review, held on 2 June 2006.

Mr. Al-Murad (Kuwait), Vice-President, took the Chair.

The SADC heads of State and Government signed the Maseru Declaration on the combating of HIV/AIDS in 2003, in which they pledged, among other things, to scale up programmes for the prevention of mother-to-child transmission of HIV, to strengthen initiatives to increase the capacities of women and adolescent girls to protect themselves from HIV, and to put in place national strategies to address the spread of HIV among national uniformed services, including the armed forces. SADC is well aware that all this cannot be achieved without provision of adequate education on how people can protect themselves, changing sexual behaviour patterns, as well as making available such preventative measures as male and female condoms.

The SADC HIV and AIDS Unit has been established to, among other things, facilitate the implementation of the 2003 Maseru Declaration on HIV and AIDS and the SADC HIV and AIDS Strategic Framework and Programme of Action 2003-2007. That mechanism complements measures adopted by individual SADC member States in the implementation of their respective national action plans and programmes on the management of HIV and AIDS.

Our fight against the scourge becomes more difficult for us as developing countries, with small economies that are often characterized by poverty and unemployment. As a result of the socio-economic impact of the pandemic in the region, Governments increasingly channel financial resources to addressing HIV and AIDS, which consequently affect resources for other development sectors.

There is widespread ignorance related to HIV and AIDS in the SADC region. That ignorance contributes to the high prevalence rate of the disease in the region. There is also a stigma associated with HIV and AIDS and that discourages people from testing to know their status and encourages those who know to hide instead of seeking medical assistance.

The pandemic is mostly affecting the young people who are the future of our nations. With such rates of illness and death, the work force is bound to suffer more, hindering the development of our region.

Lack of access to basic necessities, such as safe water and sanitation, contributes to the progression of the pandemic and is making it hard for those who are caring for the sick. We plead once more to the international community to increase development aid to SADC to assist in the fight against HIV and AIDS.

As the 2006 High-level Meeting on AIDS declared universal access to be the new global objective, SADC has fully embraced that goal and is fully committed to working towards its achievement by the set date of 2010. Following the 2006 High-level Meeting, SADC has taken great strides in its intense fight against the disease, which is affecting not only families but also the economies of our region.

There is more safe sex education, including the distribution of condoms and, most importantly, the availability of antiretrovirals to curb mother-to-child transmission of HIV to avoid the spread of the disease to unborn babies. The 2007 SADC heads of State and Government summit reaffirmed SADC's commitment to implementing the 2001 Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, and that is demonstrated by the allocation of considerable amounts of money from the annual budgets for the improvement of the health sector and, in particular, towards HIV and AIDS-related issues.

Individual SADC member States have set national sectors dedicated to the pandemic, which are working with citizens, including people infected and affected by HIV and AIDS, in collaboration with all donor countries and organizations.

SADC is working tirelessly in the fight against HIV and AIDS, yet it continues to struggle in curbing the spread of the pandemic. It will not be easy, but there is enough dedication on the part of the Governments and the people that, with time, the statistics will tremendously decrease. With the set targets in both the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS, SADC promises to stay committed, and to continue to make HIV and AIDS a priority, as winning the fight will open many doors, including economic growth.

SADC would like to thank all the partners, donor countries and international organizations for their tireless efforts in assisting SADC countries.

In conclusion, SADC reiterates its commitment to the full and effective implementation of the 2001 Declaration of Commitment on HIV/AIDS as well as the 2006 Political Declaration on HIV/AIDS adopted by our heads of State and Government.

The Acting President (*spoke in Arabic*): I call on the representative of the Dominican Republic, who will speak on behalf of the Rio Group.

Mr. Del Rosario (Dominican Republic) (*spoke in Spanish*): I have the honour to speak on behalf of the States members of the Rio Group: Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, the Bolivarian Republic of Venezuela and my own country, the Dominican Republic, on the follow-up to the outcome of the twenty-sixth special session.

The members of the Rio Group congratulate the President of the General Assembly on having convened this important meeting to consider the most recent progress in the implementation of the Declaration of Commitment on HIV/AIDS.

The Political Declaration on HIV/AIDS, adopted in resolution 60/262 by the heads of State and Government in June 2006, established as a worldwide objective for the year 2010 universal access to prevention programmes, treatment, care and support against HIV/AIDS. The Political Declaration also renewed the commitments undertaken in the Declaration of 2001, in which common objectives and priorities were established in the fight against the pandemic and the need is recognized for a treatment integrated into three pillars: access to treatment, prevention and human rights.

We welcome the report of the Secretary-General to the General Assembly on the progress achieved in the past 12 months, as well as the recommendations contained in the report, and we trust that they will contribute to the debate on the implementation of coordinated action in the fight against HIV/AIDS.

At the present time, the epidemic not only affects isolated groups of people, but is scattered throughout the sectors of the population — rich and poor, women, children and young people. The most recent data indicate that 2.3 million children live with HIV/AIDS,

whereas more women and young people are falling victim to the disease, in an increasing feminization of the epidemic. According to the 2006 report of the Joint United Nations Programme on HIV/AIDS (UNAIDS) on the global HIV epidemic, women represent approximately half of all existing cases, while almost half of the new cases occur in young people under 25.

We recognize the direct link between development and HIV/AIDS, as well as the fact that the pandemic constitutes one of the most serious health problems currently facing the international community. At the same time, we underline the need effectively to combat the negative consequences of the social and economic impact of the pandemic in the developing countries, and in particular the stigmatization and discrimination that surround the illness. In that sense, the fight against HIV/AIDS should be made in the context of the Millennium Development Goals, in particular Goals 6 and 8. Also, in the fight against such pandemics as HIV/AIDS, malaria and tuberculosis, access to treatment represents the difference between life and death. Therefore, the costs of treatment should not prevent the access of infected people to medicines and health services. We consider guaranteed access to medicines to be part of the full realization of human rights and fundamental freedom.

We are determined to ensure that people living with HIV/AIDS will, in the coming years, receive the full benefit of their human rights with emphasis, among other things, on education, employment, health care, social and health services, prevention, treatment, the right to succession, information and legal protection, with respect for their privacy and the confidentiality of their status.

In their national programmes, the countries of our region seek to establish a policy of universal treatment and free medicine distribution to those who need it. For that reason, we welcome the important progress made in the Political Declaration, especially the need for intellectual property rights related to the work of the World Trade Organization (WTO) not to prevent countries from taking measures now and in the future to protect public health. We also salute the determination to help the developing countries to take advantage of the flexibilities anticipated in the WTO.

The financing of treatment is also a fundamental issue. The Secretary-General's report estimates that the current need for resources to fight HIV in low- and middle-income countries will rise to $18 billion in 2007 and to $22 billion in 2008. Many countries, especially those of low income, will not be able to achieve the objective of universal access without the aid of external resources. That is why we urge the international community to assign more funds to public health and to development. The initiatives paid for by innovative financing mechanisms, such as the International Drug Purchase Facility and others undertaken through the Global Fund and the South-South Cooperation, must be supported with a view to promoting lower costs of medicines in order to increase people's access to treatment of such diseases as HIV/AIDS, malaria and tuberculosis. It is also necessary to establish solid and predictable financing, as well as strategies to build, preserve and strengthen national infrastructures, in particular through investment in civil society.

In that regard, the Rio Group emphasizes the importance of cooperation on that issue and reiterates its commitment to the work of the Horizontal Technical Cooperation Group on HIV/AIDS in Latin America and the Caribbean, which has contributed to improving the response to the pandemic through harmonized actions between countries and the existing communitarian networks in the region.

Prevention is an essential element of an integrated and effective strategy to battle the HIV/AIDS pandemic. The effectiveness of prevention programmes is directly related to the strengthening of plans concerning sexual and reproductive health education and access to information, which must be clear, transparent and unbiased.

We recognize the importance of integrated prevention strategies that take moral values into account and are based on scientific measures proven to be effective. In that context, the use of condoms continues to be a method of prevention based on evidence to avoid the transmission of the virus. Moreover, full and unrestricted access to health services, including sexual and reproductive health, must be ensured. Research programmes should also be promoted to develop effective preventive medical treatments of the disease.

Another basic element of the worldwide response to the pandemic are fundamental freedoms guaranteeing gender equality. In our countries, the adopted programmes are based on the active principle

of eliminating the discrimination and stigma that mark the lives of the victims of HIV/AIDS — not only those who live with the disease, but also those who are affected directly or indirectly.

In all the efforts to fight stigma and discrimination, it is necessary to recognize and to integrate into national programmes those who live and/or are affected by the disease. The human rights of all persons living with HIV/AIDS must be fully respected, especially those who belong to vulnerable groups, such as intravenous drug users, men who maintain sexual relations with other men, workers in sexual activities, as well as migrant workers and refugees. Their full access to health services, including sexual and reproductive health, must be assured.

The Rio Group joins in the efforts of the international community to find alternative financing and to provide technical and legal assistance in the battle against a pandemic that targets the most vulnerable members of our societies and is a tangible barrier to the development of our countries.

Before concluding, allow me to share a few personal thoughts on the epidemic. I am convinced that some representatives here — perhaps the majority, or even all — have lost a friend, a friend of a friend, or a family member to the epidemic. In my personal case, I have lost friends and seen the pain and tragedy wrought by the disease. We must do everything we can to end the epidemic.

The Acting President (*spoke in Arabic*): I call on the representative of Trinidad and Tobago, who will speak on behalf of the Caribbean Community.

Mr. Sealy (Trinidad and Tobago): I have the honour to speak on behalf of the 14 States members of the Caribbean Community (CARICOM). CARICOM welcomes this opportunity to review progress in the implementation of the Declaration of Commitment on HIV/AIDS. We believe that, six years after the adoption of the Declaration, the time is opportune for the conduct of an in-depth assessment of the progress that has been made in the global fight against HIV and AIDS and the effectiveness of our efforts in tackling the pandemic.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Caribbean still has the second highest prevalence of the disease after sub-Saharan Africa. Of special concern is the fact that the face of HIV/AIDS in the Caribbean is increasingly female, with a higher proportion of females than males living with the disease in some countries. As the pandemic in the Caribbean continues to evolve, the importance of gender in every consideration of national plans and programmes needs to be stressed. In that region, we are also observing a significantly higher prevalence among vulnerable groups when compared to national prevalence.

As we pursue greater progress on the implementation of the Declaration of Commitment of 2001 and the Political Declaration of 2006, we are encouraged by several factors. CARICOM countries have a strong tradition of working together to meet development challenges. Also of great importance is the existence of a high level of political commitment to halt the spread of HIV/AIDS. This issue is a fixed agenda item for the meetings of CARICOM heads of Government, as well as meetings of the ministerial-level Caribbean Community Council for Human and Social Development (COSHOD). Moreover, CARICOM Governments and partners continue to accord high priority to this issue through the work of the Pan-Caribbean Partnership against HIV/AIDS (PANCAP). As recently as January of this year, CARICOM countries took part in a Caribbean summit on HIV/AIDS in collaboration with the Inter-American Economic Council and the United States Congress, the outcome of which included agreement on a programme of collaboration to mitigate the economic impact of the disease.

In 2001, when the General Assembly adopted the Declaration of Commitment at its special session, we were all deeply concerned that the HIV/AIDS epidemic constituted a global emergency through its devastating scale and impact. The Political Declaration emanating from the 2006 High-level Meeting on AIDS set out the requirements for moving countries towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010.

The Secretary-General's report of March 2007 (A/61/816), which seeks to assess progress since the 2006 meeting, highlights the need for countries to move towards a longer-term response. CARICOM agrees with the Secretary-General's report that, along with the need for additional financing, resources should be used in more strategic and innovative ways to deliver more effective prevention and treatment programmes, through stronger public social services

and expanded community efforts. Such prudent use of scarce resources will go a long way in expanding access to affordable services.

It is therefore imperative that the General Assembly continue to aggressively maintain focus on this issue. We are making progress, but the progress is not at the level required to meet successfully the 2010 target of universal access. Many of our national programmes are at the stage where preparations for new strategic plans are in place, and this presents an opportune moment for us to incorporate activities relating to universal access, which will bring us closer to achieving Millennium Development Goal 6.

With respect to care and treatment, most countries have initiated prevention of mother-to-child transmission programmes, and some countries in the region have registered success with the implementation of antiretroviral therapy. Specifically, the morbidity and mortality rates previously associated with AIDS have declined. Some CARICOM countries have also achieved significant success in the prevention of mother-to-child transmission. As a region, we have scaled up our public awareness and education programmes, as we consider this to be an important tool. However, efforts to scale up prevention strategies and, hence, work on decreasing the incidence of new reported cases of HIV have fallen short. If incidence is to decline, then we have to focus on sustained behaviour-change communication that targets our vulnerable groups.

Additionally, the success of treatment programmes depends on the cost and availability of drugs. Efforts must be continued to lower the cost of antiretroviral therapy and make it more affordable to CARICOM countries. A recently concluded CARICOM/PANCAP agreement with Brazil has resulted in the receipt of an initial consignment of antiretroviral drugs for persons living with HIV and AIDS in the States members of the Organisation of Eastern Caribbean States. This agreement also includes projects to train health professionals in the clinical management of persons living with HIV and AIDS, human resource initiatives and other technical assistance.

CARICOM is of the view that access to affordable medication remains a fundamental element in the fight against HIV and AIDS. The international community now has the means to treat every person infected with HIV. In this regard, we would like to stress the importance of support and cooperation from the business sector, including generic and research-based pharmaceutical companies, to offer affordable medication for the treatment of HIV and AIDS, in developing countries in particular. It is of utmost importance to work towards the elimination of any legal, regulatory, trade or other barriers that block access to affordable medication and a high standard of health care.

One of the key determinants of our meeting the targets set out in the Millennium Development Goals and the Declaration of Commitment is our access to funds to respond to the epidemic. Regrettably, many of the countries in the region have now been classified by the World Bank as middle-income countries and, in some instances, as upper-middle-income. This classification has severely hampered our ability to receive funds from bilateral and multilateral donors, along with international financial institutions and donors. As a result, many of the CARICOM member States are fast becoming ineligible to apply for support through the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Civil society also plays a very important role, and the engagement of civil society organizations is essential to the successful creation of an enabling and supportive environment. This region subscribes to the principle of greater involvement of people living with AIDS, and full participation and involvement of people living with HIV in all aspects of our national programmes has been encouraged. Let us not forget the importance of faith-based organizations in championing the response within the wider community, providing valuable assistance with the creation of an enabling and supportive environment.

Harmonization among donors and partners has been a challenge. We need greater collaboration at the country level with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its co-sponsoring organizations. With the establishment of a new UNAIDS office in Barbados to serve that country and the Eastern Caribbean, we anticipate even greater collaboration with our United Nations partners. UNAIDS has a key role to play in advocacy throughout the Caribbean. Indeed, it is currently engaged in fostering the discussion on the very sensitive area of human sexuality.

CARICOM also urges that there be greater alignment of donor plans with our national HIV and AIDS strategic plans and programmes. We call for greater international support, including technical and capacity-building assistance for establishing and periodically revising plans based on the evaluation of progress to meet targets and the latest trends borne out by epidemiological and statistical data.

The socio-economic impact of HIV and AIDS on the small and diverse economies of CARICOM member States is devastating. AIDS is one of the leading causes of death among individuals aged 15 to 44 years in our region, a region that is primarily dependent on service industries that require significant human resource input. CARICOM Governments have made this issue a top priority, cognizant of the debilitating effect it has on the lives of individuals, and their families and on our societies as a whole.

There is an unmistakable need for greater international cooperation if all targets, global and regional, are to be met. International cooperation in the fight against this pandemic has proven fruitful and has yielded results.

In conclusion, we express the hope that today's debate on the review of the implementation of the Declaration of Commitment will lead to the necessary actions at the international level that will complement our own national efforts aimed at halting and reversing the spread of HIV and AIDS in the Caribbean.

Mr. McNee (Canada): Over the past 25 years, the HIV pandemic has tragically transformed the social, economic and demographic landscape of our world. Fuelled by human rights abuses, gender inequalities, stigma and discrimination, AIDS has killed more than 25 million people, with millions of new infections every year. The disease has undermined development, overwhelmed health systems, devastated families, destroyed livelihoods and caused despair among those affected.

The deadly pandemic has also generated a tremendous response from all levels of society. People living with HIV have come together to shape global and national responses to the disease. Civil society groups have fought for the recognition of the human rights of those infected and affected by HIV. Women and girls from all walks of life have demanded the tools to protect themselves. The international community has mobilized in an unprecedented manner.

Governments in both the developed and developing worlds have demonstrated leadership and commitment to work together to stop the epidemic. New international organizations have been set up and billions of dollars have been contributed to combat the disease. New international goals have also been established, including the ground-breaking commitment in the 2006 Political Declaration on HIV/AIDS (resolution 60/262), to move towards universal access to comprehensive prevention, treatment, care and support by 2010. Attaining that goal will require much more effort and commitment from all of us — from international organizations, Governments, the private sector and civil society — all working together.

While we have made important progress, there is still a long way to go. Fewer than 30 per cent of those who require treatment today receive it. A mere eight per cent of children in need receive antiretroviral drugs. While treatment is a critical lifesaving intervention, prevention remains the key to fulfilling the Millennium Development Goal of halting and reversing the spread of HIV.

Yet groups most vulnerable to infection lack access to comprehensive prevention methods. Women and girls remain extremely disadvantaged, often without access to comprehensive sexual and reproductive health services and unable to exercise full control over their sexuality. That makes them more vulnerable to transmission from their partners and to coercion and sexual violence. Young people also lack access to comprehensive information on sexuality, reproductive health services and commodities. Too many infants and children are infected. The proportion of women receiving services to prevent mother-to-child transmission remains at only 11 per cent.

HIV/AIDS continues to be a serious concern within Canada. More Canadians are living with HIV than ever before, and the number of new infections regrettably keeps rising. An estimated 58,000 Canadians were living with the virus at the end of 2005, compared with 50,000 at the end of 2002.

Canada's domestic response is guided by two initiatives. First, through the "Leading Together" initiative, Canada sets out an ambitious and coordinated national approach to tackling HIV/AIDS and the underlying health and social issues that contribute to it. Secondly, the federal initiative to

address HIV/AIDS in Canada supports activities to prevent the acquisition and transmission of new infections, reduce the social and economic impact and mitigate the impact of the disease on people living with HIV/AIDS and those vulnerable to infection.

Canada will continue to work with the international community towards the goal of universal access to comprehensive prevention programmes, treatment, care and support. On World AIDS Day this year, Canada committed to scale up our contributions to the global fight against HIV/AIDS.

(*spoke in French*)

The long-term, comprehensive and integrated approach that Canada has adopted is based on the promotion and protection of human rights, sound knowledge and public health evidence. Canada will focus its resources on initiatives whose effectiveness has been proven, namely, evidence-based prevention strategies, reducing poverty, promoting gender equality and the empowerment of women, putting in place health systems that ensure equitable access to health care and, lastly, promoting the rights of children and protecting infected and affected children.

Moreover, Canada recognizes that there is a need to promote research to develop prevention methods that are controlled by women, such as microbicides, and to achieve the ultimate objective of an effective vaccine. Canada will commit up to $111 million to the Canadian HIV Vaccine Initiative, which will work closely with the Global HIV Vaccine Enterprise to support research and development in this area. Canada has also committed a total of $30 million to the International Partnership for Microbicides.

HIV infection can be prevented and treated. By joining all our efforts, we will defeat AIDS. Canada and Canadians are doing their part to achieve both those goals. Canada looks forward to continuing to work with the United Nations family, other Member States and civil society in order to honour the commitments we have undertaken with regard to HIV and AIDS.

Mr. Hamburger (Netherlands): The Netherlands aligns itself with the statement delivered by the representative of Germany on behalf of the European Union. Let me add a few remarks.

The report of the Secretary-General covering the past 12 months (A/61/816) shows that some progress has been made. There is, however, no reason for complacency, as many of the goals and targets that the international community has set have not been achieved. They require more effort and sustained action. We should move more forcefully from global consensus to country-level action. The fight against HIV/AIDS is far from over.

The clear interlinkage between the Millennium Development Goals (MDGs) calls for action at all levels. Without progress on Millennium Development Goal 6 — on combating HIV/AIDS, tuberculosis and malaria — we will fail on other MDGs. Equally vital in the fight against AIDS are MDGs 3 and 5, on gender equality and maternal health. Reproductive rights and access to reproductive health services are essential for development but at present are far from being realized and achieved.

We applaud the new target on achieving universal access for all those who need it by 2010. Prevention, treatment, care and support should be integral parts of the package for HIV/AIDS. We need to increase our efforts on prevention, which, according to the Secretary General's report, has been lagging. The three factors at the basis of that backlog are, first, insufficient investment in prevention programmes; secondly, low coverage of prevention for groups that are most at risk, such as intravenous drug users and people engaged in risky sexual behaviour; and, thirdly, lack of action against the drivers of the epidemic, such as gender inequality, stigma and discrimination and the failure to protect human rights.

We cannot allow our response against AIDS, which is finally picking up speed, to be hampered by millions of new infections each and every year. Young people should be given comprehensive sexuality education and access to services and commodities such as male and female condoms. We recognize and appreciate the important comments made this morning by the President of the General Assembly on the need for education and reproductive health services for young people.

It is very disappointing to read that in many countries there is neither the willingness nor the capacity to focus on the legal, social, economic and cultural issues that drive the epidemic. That implies that international funding is not used optimally and that prevention interventions are neither well targeted nor evidence based. From a financial, good-governance

and humanitarian point of view, resources are being wasted and opportunities missed. We cannot afford such waste.

While there is a need to pay increased attention to prevention, it is also important to increase sustained access to treatment services. While some regions have shown good progress towards increasing treatment, others are lagging behind. Coverage for children in need of pediatric treatment is vital. In low- and middle-income countries, currently only 8 per cent of children receive antiretroviral therapy. That must change. More attention to pediatric treatment in national programmes and a decrease in prices for pediatric antiretroviral drugs are vital for children.

Finally, I would like to say a word on health systems. Our efforts to achieve universal access are neither sustainable nor achievable without more investments in health systems. Antiretroviral treatment can be effective only if it is administered and monitored by health professionals working in a well-functioning national health system. The importance of health systems in the treatment of HIV/AIDS has long been underestimated.

Insurance schemes are important tools to make health systems more sustainable, to guarantee the predictability and sustainability of funding and to mitigate the risk of impoverished households. The Netherlands recently invested $135 million in a health insurance fund to increase coverage of health insurance in developing countries.

Twenty-five years into the pandemic, much has happened in terms of knowledge, global commitment and financial support. Through the concerted efforts of Governments, the United Nations, other development actors and civil society organizations, we know what works and we know how to achieve it. It is high time that we deliver on our promises and jointly do what is so obviously needed.

Mr. Outlule (Botswana): The delegation of Botswana welcomes the deliberations of the General Assembly on the agenda item entitled "Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS".

My delegation aligns itself with the statements delivered by the Ambassador and Permanent Representative of Tanzania on behalf of the African Group and by the representative of the Kingdom of Lesotho on behalf of the Southern African Development Community. We have also listened attentively to the statements delivered by representatives who spoke before us. I wish to confirm that my country will study carefully the issues and concerns raised in those statements.

The HIV/AIDS pandemic is not only a complex and multifaceted global challenge, it also continues to present the most serious threat to humankind. It adversely impacts upon all aspects of human endeavour. The fight against the epidemic should therefore remain a top priority on the global agenda and, above all, as regards our collective response and action. That should manifest itself in national and collective efforts aimed at prevention, treatment, care and support, as well as the intensification of research to find a vaccine and cure for AIDS.

Last year, Botswana shared the assessment of the international community in arriving at the conclusion that, while millions of people continued to die from HIV/AIDS-related illnesses, commendable progress had been made to stop the spread of AIDS. The High-level Meeting recognized notable successes in expanding treatment, the positive impact of prevention efforts and the increase in the availability of financial resources to assist countries in their national AIDS response.

The President returned to the Chair.

Today, we reiterate our conviction and hope that there is a light at the end of the tunnel. But we must also acknowledge the hard reality that we are not yet out of the woods. Millions more people continue to be infected and to die from AIDS, as compared to previous years. That can only be a sad reminder to all of us that we should remain vigilant, as we face an enemy that is unrelenting and takes no prisoners.

Sub-Saharan Africa clearly continues to be the epicenter of the epidemic, with figures from the Joint United Nations Programme on HIV/AIDS (UNAIDS) indicating that about 72 per cent of all adult and child deaths in 2006 were due to AIDS. That is a human tragedy of unimaginable proportions. It calls for greater assistance and consistent and assured support in all efforts to combat the epidemic.

In the war against AIDS, the fate of humankind is undoubtedly and inextricably interconnected. The unity

and oneness of human life can be best summed up by the insightful words of the seventeenth-century English poet and preacher, John Donne, when he said,

> "No man is an island, entire of itself; every man is a piece of the continent, a part of the main. If a clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as if a manor of thy friends or of thine own were. Any man's death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bell tolls; it tolls for thee." (*John Donne, Meditation 17, Devotions upon Emergent Occasions*)

The AIDS epidemic is correctly seen by all as a human tragedy. Although millions of Africans are dying from the disease, this is undoubtedly a crisis that affects the world as a whole, because to view it otherwise can only lull the rest of humanity into a false sense of security.

In Botswana, our national response is in line with global efforts to combat the HIV/AIDS epidemic. We are strongly committed to the "Three Ones" principles of one national AIDS action framework, one coordinating authority and one monitoring and evaluation system.

My delegation commends UNAIDS for its excellent country-support work. In carrying out its functions, UNAIDS has demonstrated leadership in system-wide coherence. Member States should benefit from the experience of UNAIDS in their response to the report of the High-level Panel on United Nations System-wide Coherence. Botswana is committed to working with UNAIDS in our ongoing national AIDS response and in sharing best practices and lessons learned.

The implementation of the Three Ones in Botswana is coupled with consistent efforts to continuously improve the national AIDS response in order to make it more effective. We are maintaining the political commitment to increase services for prevention, treatment, care and support. This year, the Government of Botswana allocated an estimated 898 million pula, which is the equivalent of almost $200 million, towards the AIDS programme.

Prevention is a top priority and a key component of the national response. A crucial part of our prevention message is that knowledge of one's HIV status and taking the necessary action to prevent infection or reinfection are a critical aspect of fighting the scourge. For that reason, in addition to providing access to testing facilities, we are making concerted efforts to encourage people to be tested and to know their status, to remain negative if they test negative, to live positively with the virus if they test positive and to get help on time.

Routine HIV testing for all patients visiting health facilities, which was introduced in January 2004, is bearing fruit. An average of 15,000 people per month now get to know their status. That is in addition to the 5,000 people per month who visit voluntary counselling and testing centres. Routine testing has in fact had a positive impact on the uptake of the prevention of mother-to-child transmission of HIV/AIDS and the treatment programme. The prevention of mother-to-child transmission programme, which was introduced eight years ago, has also registered significant results, with 92 per cent of women confirmed to be HIV positive now receiving treatment at the time of delivery. As a result, mother-to-child transmission of HIV has been reduced, from about 40 per in 2002 to about 6 per cent in 2006.

With regard to access to antiretroviral treatment, there are currently over 70,000 patients on treatment. By the end of 2006, treatment had been expanded to more than 60 per cent of those who needed it. Consequently, many patients have been brought back to productive life, thereby reducing the disruption of the social fabric of society caused by the deaths of young people, by increasing dependence on the elderly and by other distressing social and economic consequences.

While some modest milestones have been reached, the epidemic remains a serious threat. We face major constraints. Apart from human resource capacity constraints, the cost of drugs continues to challenge the meagre budgets of many developing countries. In that regard, the long-term sustainability of our treatment programme, and indeed of the national response, is a matter of serious concern. We are convinced that a fundamental part of an effective solution to addressing the HIV/AIDS scourge is to ensure reliable and sustained financing in the long term. Despite a considerable increase in the national and global funding for HIV/AIDS, it is evident that the financing gap is already widening.

During the 2006 High-Level Meeting on HIV/AIDS, there was recognition that between $20 billion and $23 billion would be needed annually by 2010 for low- and middle-income countries to scale up towards universal access to antiretroviral treatment. Estimates now suggest that in 2007 we will be able to raise only $10 billion. There can be no doubt that the shortfall of $13 billion will have a negative impact on our overall capacity to fight the scourge. For that reason, it is imperative for the international community to do everything possible to ensure predictable and long-term funding for HIV/AIDS programmes.

In conclusion, I wish to reiterate that HIV/AIDS remains both a global emergency and a human tragedy. Every life lost to AIDS represents humanity's defeat in the global fight against the scourge. We need to do more if we are to meet our 2010 target of considerably reversing the effects of the epidemic. It is the hope and expectation of the delegation of Botswana that this review will contribute to strengthening the commitment of the international community and galvanize global action to combat HIV/AIDS. The international community must make greater efforts to combine its scientific, technological and industrial capacity, as well as its financial resources, in the search for an AIDS vaccine and cure. That is possible, and the world must now muster the will to do it.

Mr. Davide (Philippines): My delegation expresses its appreciation to you, Madam President, and commends you for convening the General Assembly today to highlight once again the issue of HIV/AIDS. This initiative is very appropriate and timely as the United Nations moves closer to the half-way mark of its targets on the Millennium Development Goals (MDG), including Goal 6, which is to halt and reverse by 2015 the spread of HIV/AIDS, malaria and other major diseases. Now is also the time to know where the world's progress against HIV/AIDS stands following the commitment made in 2006 by high-level leaders to promote universal access to HIV prevention, treatment, care and support.

My delegation also takes this opportunity to thank the Secretary-General for his report (A/61/816), which gives us a picture of the global progress to address HIV/AIDS. The report indicates that while we have already done many significant things, there is still much more that needs to be done to ensure better institutional efforts, wider coverage and more sustainable and coherent responses.

The problem of HIV/AIDS is far from just being a mere medical or health problem. Because of the nature, characteristics and effects of the disease and the extent of its prevalence — which is now pandemic — HIV/AIDS has become a real development problem of unimaginable proportions. Achieving universal access therefore is a critical strategy to combat the scourge of this disease. But breadth of access alone is not enough. We need to ensure that the quality of coverage is such that it comprises sustainable responses, and not just quick emergency palliatives.

In the Philippines there is still a low prevalence of HIV, but recent statistics point to the hidden and growing course of the epidemic. For that reason, the country has to strongly uphold the principle of universal access. Our strategy with regard to universal access takes advantage of our local government units — the provinces, cities, municipalities and *barangays* — which enjoy local autonomy, as mandated by the constitution and implemented in the local government code of 1991. Efforts are therefore channelled through those various local government units, as well as through non-governmental organizations, in order to reach out to as many inhabitants as possible. We have organized local AIDS councils to ensure that the responses to HIV/AIDS address and fit the particular needs of localities. Because local government units may not have the technical capabilities to formulate and implement programmes relating to HIV/AIDS, the Government, both at the national and regional levels, provides expertise and technical assistance to local units. For example, we have established regional AIDS assistance teams.

I must also add that this decentralization strategy assists us in knowing our epidemic — the first recommendation made by the Secretary-General in his report — just as it can provide an effective feedback mechanism with respect to the extent of the disease and the specific needs of communities.

We recognize that a sustainable response to HIV/AIDS demands that we effectively address the drivers of the epidemic. Because many of those factors — such as gender inequality, stigma and discrimination and the failure to protect human rights — are deeply ingrained in society, the necessary changes or desired goals will not be achieved at once. Thus, we have to persevere in the process. The multifaceted nature of the response to HIV/AIDS has

pushed us to embark on an ongoing effort to strengthen the capacities of other Government agencies to enable them to contribute meaningfully to the delivery of HIV/AIDS-related responses within their respective mandates.

Part of the strategy of universal access is targeting prevention, treatment, care and support to the most at-risk populations of society — particularly groups that practice high-risk behaviours. One of the more recent efforts in that area is the launching by the Philippines of the joint programme on migration and HIV/AIDS of the Department of Health and the Department of Labour and Employment, in partnership with the United Nations country team in the Philippines. That initiative provides avenues for increasing access to HIV interventions and services by overseas Filipino workers. It was put in place to address the growing vulnerability of migrants to HIV/AIDS. The programme dovetails with HIV/AIDS interventions in the various phases of migration, namely, the pre-departure, on-site, return and reintegration phases.

Another recent Philippine initiative targeted to vulnerable populations is our current work to design a system that effectively addresses the situation of injecting drug users. Discussions are now under way to review existing legislation and policies in order to come up with an appropriate enabling policy environment to address that situation.

Despite many challenges, the Philippines has been relentless in accelerating HIV interventions. For example, through round six of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Philippines will start implementing the programme on scaling up HIV/AIDS prevention, treatment, care and support; through enhanced voluntary counselling and testing and improved blood-safety strategies. Another example is the fact that the Philippines recently assessed the effectiveness of the 100 per cent condom utilization programme, which has been implemented in selected areas in the country since 1999. If the results of the assessment are encouraging, a wider-scale implementation of the programme may be implemented.

Essential to the scaling up of HIV interventions in the country is the forging of enhanced partnerships with stakeholders. In the Philippines, we have strengthened our engagement with civil society groups — including church groups and faith-based organizations — in the national AIDS response. The recent contributions of the Roman Catholic Church in building awareness and providing counselling and care to vulnerable and affected groups, along with its efforts to build the capacity of religious groups to provide basic information on HIV/AIDS, are noteworthy. Also, in partnership with the Joint United Nations Programme on HIV/AIDS (UNAIDS), efforts are now being undertaken by the Philippine National AIDS Council to provide better support for the promotion of meaningful engagement by the Filipino people in HIV/AIDS policies and programmes.

Effective monitoring and evaluation of efforts at both the national and global levels is critical to combating the scourge of HIV/AIDS. The Philippines' national HIV and AIDS monitoring and evaluation system, which is being implemented in nine sites in the country, shows our commitment to the principle of the "Three Ones" and the universal access framework. We look forward to providing a comprehensive update on our country's progress at the 2008 comprehensive and global AIDS review.

The alarming levels and infection rate of HIV/AIDS in the world indeed demand sustained genuine international cooperation. The inadequacy of resources for HIV/AIDS remains a major stumbling block, especially for developing countries. The Secretary-General's report mentions that, while it is estimated that global resource needs for HIV in low- and middle-income countries will be $18 billion in 2007 and $22 billion in 2008, only about half of those requirements may be fulfilled. In that regard, we appreciate the global financial mechanisms — both intergovernmental and private — that are in operation today, but we must continue to call for enhanced ways to ensure the predictability and sustainability of funding. Bilateral and multilateral funding support, coupled with enhanced financial priorities in favour of HIV funding at the national level, will scale up our progress and prevent backsliding in our efforts.

Finally, we have to face squarely the need to overcome the barriers — in particular the legal and trade barriers — to effective prevention and treatment of HIV/AIDS and to care and support for its victims. Genuine international cooperation demands that strategies and tactics that undercut agreements and compromise the objective of universal access — in particular to lifesaving antiretroviral drugs — not be

employed. In that regard, the Philippines reaffirms the agreement reached in Doha by the World Trade Organization, particularly in the context of the Agreement on Trade-Related Aspects of Intellectual Property Rights, that such agreements should not be used to hinder the greater good of protecting public health.

Ms. Ström (Sweden): Let me start by thanking the Secretary-General for his very comprehensive progress report to the General Assembly (A/61/816).

Sweden fully aligns itself with the statement made by the representative of Germany on behalf of the European Union. In addition to what has already been said, Sweden would like to highlight a few issues — in particular, the need for a clear focus on evidence-based prevention activities and, in that regard, on the special needs of women and young girls as among the most important. The clear link between HIV/AIDS and sexual and reproductive health and rights is another aspect. It is also clear that we need to expand treatment services, notably in poor countries, and that all these efforts require strengthened health systems and improved human resources.

A special focus should be placed on the need to address the drivers of the pandemic and to identify vulnerable populations in need of support. This is about full respect for human rights: the right of people to have access to information, knowledge and services, and their right not to be subjected to stigma and discrimination. It is also about the right to make decisions concerning one's own body.

As mentioned in the Secretary-General's report, funds available for HIV/AIDS are growing steadily year by year, as is the number of new actors. That is very encouraging. But this positive trend will, of course, require better coherence and increased collaboration and coordination. The full implementation of the Paris agenda will therefore be of the utmost importance.

In many ways, the international response to HIV and AIDS has shown that there is a widespread willingness to reform the system and to work better together towards the same shared goals. We see a preparedness to focus on results and to introduce performance-based disbursement systems.

The United Nations system has played, and will continue to play, a critical role. The establishment of the Joint United Nations Programme on HIV/AIDS (UNAIDS) more than 10 years ago was in itself a positive reform. The broad United Nations support for the "Three Ones" principles and the implementation of the recommendations of the Global Task Team process constitute inspiring examples of the will and preparedness to move forward.

But let me state that this is not only about the United Nations. The need for better coherence, collaboration and coordination exists for all actors, large and small, public and civil society, national and international. We must find ways to ensure that the United Nations, the international financial institutions, the major global initiatives and mechanisms and bilateral donors all harmonize in the best possible way.

Moreover, it is critical that we never forget the most important, overriding, principle: the absolute need to support national ownership and leadership in order to align with national priorities, plans and budgets. Only then will the response be sustainable, and only then will there be long-term results, effectiveness and impact on the ground.

All efforts require predictable, stable and long-term resources from all actors at all levels. The Secretary-General's report identifies and presents the overall resource needs for the fight against the pandemic in the years ahead. The figures are huge, and we note that, even with the steady increase in the funds for AIDS that have been granted in recent years, the finance gap is still substantial.

For more than 1.25 million people, the Global Fund to Fight AIDS, Tuberculosis and Malaria has meant a new life, and more than 3,000 additional people are surviving day by day thanks to programmes financed by the Fund. Recently, the Board of the Global Fund agreed on a funding target for 2010 to the tune of $6 billion, and we deferred a possible increase to $8 billion per year if the demand is there. But support for the Global Fund alone will not suffice. It must be matched by a similar support for UNAIDS, the World Health Organization and many other agencies involved in the fight against the pandemic — and, not least, support for the countries themselves.

Partners at all levels must transform nice words into deeds. Partners must deliver on their promises and their commitments. At the national level, Governments must make sure that HIV/AIDS becomes part of the

national planning process of national priority-setting and budgeting.

In closing, I would like to thank UNAIDS for its dedicated leadership — something that Sweden has appreciated very much this year, as we have been chairing the UNAIDS Programme Coordinating Board.

Mr. Hill (Australia): Today we are reviewing our progress in implementing the 2001 Declaration of Commitment and the 2006 Political Declaration on HIV/AIDS. Australia commends the significant increase in funding devoted to tackling the epidemic and the progress in treatment, care and support that has occurred since the 2001 Declaration. We praise the commitment and leadership of the Joint United Nations Programme on HIV/AIDS (UNAIDS), but HIV is still spreading, and we must strengthen our efforts, particularly to prevent new infections.

In the Asia-Pacific region, where 8.5 million people are currently living with HIV, the next five years will be critical. Collectively, we need to make our response more effective. Australia is prepared to play its part. We have committed A$ 600 million towards prevention and treatment programmes. Our successful national response to the epidemic over the past 25 years has helped us to support our regional partners in tackling the virus.

To make headway against HIV we need to understand the drivers of the epidemic. The behavioural risk factors are well known. Less well explored are the socio-economic drivers. These include gender inequality, stigma, social exclusion and patterns of economic development and associated labour mobility. Those social issues are not easy to address and will not be resolved through awareness campaigns; they require a more far-reaching and considered response.

Gender equality is at the centre of Australia's efforts more broadly to reduce poverty and increase the effectiveness of aid. Gender equality lies at the heart of economic and social progress and is a critical component of efforts to achieve sustainable development.

We know that gender inequality is a key cause of HIV vulnerability and that women and girls are disproportionately impacted by the epidemic. The vulnerability of women to HIV is aggravated by lower literacy levels and by violence, including sexual assault. The statistics are alarming. In communities of Africa and South-East Asia that are heavily affected by HIV, one third to one half of new infections acquired by women are from their husbands within marriage. Moreover, studies have shown that men who are violent to women are likely to have more sexual partners, and that women who experience partner violence have higher HIV rates. We see a vicious circle. Effective responses to HIV must focus on addressing the social determinants of vulnerability and gender-specific barriers to accessing and maintaining treatment. Strategies to address gender inequality must be integrated into all HIV/AIDS activities and mainstreamed into all development activities. Australia is committed to ensuring that gender issues are addressed in all development assistance programmes, and we urge our development partners to commit to ensuring that the planning, implementation and monitoring of HIV programmes address that critical aspect of the problem.

In order to tackle the huge challenge confronting us, we must find and use creative, innovative and effective ways to ramp up the response and make the money work. The challenges in the fight against HIV are daunting, and we must broaden and deepen our partnerships to ensure that we progress towards universal access targets by 2010. Business recognizes the challenge of HIV and is already working in some countries in the provision of prevention programmes, treatment, care and support to staff and their families. However, business can and must do much more.

Business has the wherewithal to influence its employees, its partners and its customers. It has expertise in selling products, spreading knowledge and shaping attitudes and behaviour. Together, business and government can create a formidable opposition to HIV. Australia is supporting a nascent and vibrant group of business coalitions against HIV/AIDS in the Asia-Pacific region. We will come together with ministers from the region in July this year to harness and strengthen the business engagement with HIV.

Engaging with HIV is a long-term challenge. With no vaccine or cure in sight, countries will be dealing with HIV for generations to come. We urge all Member States to create an enabling environment to effectively engage their business sectors as true partners in the HIV response.

Mr. Mally (United States of America): We welcome this opportunity to focus attention on the continuing fight against HIV/AIDS and thank the Secretary-General and his staff for their great work in putting together an excellent report that underlines the challenge before us.

All of us need to follow through on the Declaration of Commitment. In that spirit, the United States remains focused on action and results in the fourth year of President Bush's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR is supporting individuals, communities and nations to take control of the epidemic and thus take control of their lives. In selected countries, we are beginning to turn the tide against the HIV/AIDS pandemic. The Emergency Plan reflects the heart of a new approach to development embodied in the 2002 Monterrey Consensus, which calls for country ownership, good governance, performance-based partnerships and the engagement of all sectors.

The Secretary-General's report speaks of the commitment to scale up towards universal access not as a target itself but, rather, as an emphasis on the need for greater urgency, equity, affordability and sustainability in national responses to AIDS, as well as a comprehensive and multi-sectoral approach to AIDS. This new model of partnership is already producing encouraging results in the Emergency Plan. Through 30 September of last year, the United States has been privileged to support life-saving antiretroviral treatment for 822,000 people in 15 focus countries and care for 4.5 million people — including 2 million orphans and vulnerable children. PEPFAR has supported the scale-up of the most comprehensive and evidence-based prevention programme in the world: evidence-based behaviour-change messages for millions of people of all ages and social strata; the development of safe blood systems, and services to prevent transmission of HIV from pregnant women to their children during more than 6 million pregnancies, averting an estimated 101,000 infant infections.

One of the most useful suggestions contained in this year's report of the Secretary-General is to "know your epidemic". We must be aware of what is driving the epidemic in communities, countries and regions, and plan prevention strategies accordingly. Along with "knowing our epidemic," there are two priority areas where we can have a huge impact and make progress in the scale-up towards universal access to comprehensive prevention programmes, treatment, care and support. First, we must recognize that the crisis in human resources for health is limiting the ability of many of the hardest-hit countries, especially in sub-Saharan Africa, to scale up HIV/AIDS prevention, care and treatment services. Human-resource needs must be built into national strategies and plans for scale-up, and together we must support such plans. We will also continue working with the World Health Organization and others to promote potential solutions such as "task-shifting," which moves health care tasks from higher-skilled to lower-skilled cadres of health care workers.

Secondly, so that people can know their status and get treatment if needed, we must work together to promote HIV counselling and testing, including provider-initiated "opt-out" testing. We must ensure that such programmes include a focus on stigma reduction and reach populations at highest risk. One way to promote broader coverage of counselling and testing services and stigma reduction is voluntary HIV counselling and testing days. We were pleased when the General Assembly adopted a decision calling for such days to be observed in 2007, and we are working with interested countries to act on that decision in appropriate ways. The 2006 Political Declaration represented a renewal of our commitment to achieve the ambitious goals we set for ourselves through the 2001 Declaration of Commitment on AIDS. What the developing world needs now is for us to fulfil the commitments we have made. The United States looks forward to working with Member States and other partners to transform those declarations into a better life for the tens of millions of people living with or affected by AIDS.

Mr. Staur (Denmark): Last year we ended the High-level Meeting on HIV/AIDS with the adoption of the Political Declaration, setting out the key priorities for our continued fight against this global epidemic. Important work has taken place since then, as shown in the report of the Secretary-General. Much of that work has centred on developing concrete targets and concrete plans for how to reach our common goal of moving towards universal access to HIV prevention, treatment, care and support by 2010. The progress has been remarkable, with 90 countries now having put in place national targets.

Twenty-five years into the epidemic, we are continuously faced with new challenges. As rightly pointed out in the report of the Secretary-General, we

need to spend more, but we also need to spend more wisely.

The AIDS epidemic varies greatly across regions and population groups. Effective and successful responses must therefore be based on concrete evidence-informed analysis of the epidemiology of HIV infection and the behaviours and social conditions that constitute the drivers of the epidemic.

In the report, the catch phrase is "knowing your epidemic". If we want to spend wisely, we must know which population groups are most at risk, which preventive efforts show results, and how we can best structure the response. In so doing we must be honest, objective and transparent.

Among the most important partners in this effort are the Joint United Nations Programme on HIV/AIDS (UNAIDS), whose tireless efforts to improve data collection and analysis are truly commendable, as well as civil society organizations, with their wealth of experience and concrete knowledge.

The report has an interesting and impressive listing of the various partners active in the fight against HIV/AIDS. It seems that each year we are able to add new initiatives and new partnerships to the fight. This is, of course, very much welcome, because it increases the amount of financial resources available for HIV/AIDS programmes. But it also means that we need to sharpen our resolve to stay focused, to work together and coordinate and to contribute to building long-term capacities to address the epidemic.

Our point of departure in that regard must be nationally owned strategies and development plans devised in a true partnership between Governments and civil society, including people living with HIV/AIDS.

The Danish Government is strongly committed to the Paris Declaration on harmonization and alignment as well to the strengthening of our support for global efforts to combat HIV/AIDS.

Last year the Danish Government announced a doubling of its financial support to HIV/AIDS programmes, bringing us to a level of 1 billion Danish krone by 2010. That is approximately $180 million each year by 2010.

The Secretary-General's report also emphasizes the need to move from an emergency footing, often focusing on short-term outcomes, to longer-term, sustainable progress. The answer to this is to secure growing investments in order to strengthen the capacity and the performance of the health sector. An effective and sustainable response to the HIV/AIDS crisis — including increased access to treatment — depends on stronger and better-functioning national health systems. This challenge is clearly recognized in the Political Declaration, which also addressed the increasing human resource crisis.

Across the wide spectrum of partners in the fight against HIV/AIDS there is a growing recognition that we will not be able to win the battle against the epidemic without substantially increasing our support to health systems. Support for the strengthening of health systems is a key element of Denmark's policy. For many years, Danish development assistance has supported national health authorities in our partner countries to build stronger systems, both at central and district levels. We view that as a long-term effort, and we take pride in being a consistent and reliable ally to developing countries in this area.

We are therefore encouraged by the growing recognition in the global HIV/AIDS debate that there is a need to focus more on the strengthening of health systems. I would like to take this opportunity to commend the new leadership of the World Health Organization (WHO) for the recent decision to place support for health systems at the top of the WHO agenda. The Danish Government is fully behind making that a priority for WHO, and has allocated an additional contribution of DKr20 million to the new cluster in WHO to ensure that the organization becomes a stronger and more strategic player in the global efforts to strengthen health systems in developing countries.

The report of the Secretary-General (A/61/816) contains an interesting, albeit rather brief, reference to United Nations reform. The experiences gained since the establishment of the Joint United Nations Programme on HIV/AIDS (UNAIDS), in 1996, are real-life demonstrations of what it is we mean when we discuss United Nations reform. WHO has also identified the strengthening of health systems as an area where the organization not only has a global mandate but also a comparative advantage. WHO is standing up to the challenge.

The Political Declaration adopted last year strongly emphasized the need to scale up prevention

efforts. In that regard, the numbers speak their own dismal language: 25 years into the epidemic, the rate of newly infected persons remains at 4 million people each year. Prevention measures are simply failing to keep up with the growth of the epidemic. To reverse that trend we need to become better at understanding the drivers of the epidemic and the effectiveness of the various responses. But we also need to become much better at acting upon this evidence.

It is not as if we are without any evidence that may help to guide us. There is plenty, and I am therefore troubled by the reference in the report of a continued unwillingness to give young people information and access to services, including condoms, despite sound evidence of the effectiveness of these interventions. Young people, especially young women, are particularly at risk. Unless we acknowledge that and equip young people with the right information and the right tools, we are not living up to our responsibility and to our commitment to stop HIV infection.

Another issue on which we have a collective responsibility to do better is in the prevention of mother-to-child transmission. Part of the reason for the low performance in this area — only 11 per cent of pregnant women have access to services — lies in the still-too-weak links between our HIV/AIDS and sexual and reproductive health efforts, and in the failure to address gender aspects of the HIV/AIDS response.

That brings me to the final point that I would like to make, namely, the issue of the feminization of HIV/AIDS. The fundamental factor driving feminization is gender inequality. It is about social restrictions, the lack of financial security, the lack of access to education and to employment, the lack of decision-making power in the household and the lack of inheritance and property rights for women. It is also about gender-based violence, and it is about harmful cultural practices. In order to reverse feminization — and in order to effectively combat HIV/AIDS, we must address those underlying factors with strength .and determination.

All of the factors to which I have referred impede women from claiming their fundamental right to be able to live healthy lives. This is not an issue of ideology; it is not an issue of morality; it is an issue of rights, not least the right of women to freely decide about their own bodies. The Danish Government is strongly committed to the promotion of sexual and reproductive health and rights, and sees that as an integral part of our support for HIV/AIDS efforts, together with our efforts to promote gender equality. Unless we take a holistic view, and unless we remain firm in our commitment to real improvements for women, we will not succeed in our joint struggle against HIV/AIDS.

We are undoubtedly faced with an enormous challenge. I have provided the Assembly with a few examples of how Denmark contributes to the global fight against HIV/AIDS. I shall end my statement by assuring all members of Denmark's strong and continued commitment to reaching our common goal of universal access.

Mrs. Picco (Monaco) (*spoke in French*): My delegation would like to thank you, Madam President, for convening this meeting at the mid-point of the deadline set by heads of State or Government for the attainment of the Millennium Development Goals (MDG). This is also an opportunity for us to evaluate the work done since the General Assembly, last year, set a new goal: universal access to prevention, care and support services by 2010.

Although the sick cannot be reduced to mere numbers, statistics provide those involved — policy makers, scientists and members of civil society — with the means to make aid more effective. Matching aid to national needs makes it possible to manage resources, which are always insufficient. As recommended in the report of the Secretary-General (A/61/816), the fight against the epidemic entails setting national targets, assessing needs and the necessary resources, expanding treatment and enhancing prevention. To be sure, this is a disproportionate fight. Prevention continues to be the best way to combat HIV. That is the priority of the Principality of Monaco.

We are undertaking outreach efforts vis-à-vis the entire population resident or working in the Principality and young people in our schools. That is done primarily in the form of round table discussions led by doctors. On the occasion of World AIDS Day, our awareness campaign sought to reach out to the public at large by placing articles in the local press, broadcasting television announcements and publicizing a free telephone hotline. Non-governmental organizations have the predominant role in the day-to-day work of raising awareness.

The Principality has established a screening centre where anyone can be tested anonymously and free of charge. Access to health services is fully covered by social security agencies, while psychological and social support is also offered.

The exemplary approach we have adopted at the national level is complemented by our Government's resolute commitments at the international level. Combating AIDS is one of the priorities of the Principality's international cooperation. Monaco has been a contributor to the Joint United Nations Programme on HIV/AIDS (UNAIDS) since the organization's inception. The Principality recently signed a framework agreement with UNAIDS whose primary objective is to provide direct assistance to countries affected by the pandemic in the context of their national plans to combat HIV/AIDS. Through the tireless efforts of Her Serene Highness Princess Stephanie of Monaco, who is a UNAIDS Special Representative, our country's participation in the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS, which will begin on 1 January 2008, will be in line with our active cooperation.

Monaco is also working in partnership with aid recipients in order to focus on efforts in the field, where direct impact can be assessed. Our cooperation is both targeted and active, whether in the context of the UNICEF project to combat mother-to-child transmission of the virus, as part of our work with the World Health Organization and its Blue Trunk Library programme to promote prevention or our efforts with the United Nations Population Fund.

Mr. Abdelaziz (Egypt) (*spoke in Arabic*): Allow me to begin by expressing our appreciation to you, Madam President, for convening these plenary meetings to discuss the interim report (A/61/816) of the Secretary-General on progress in the implementation of the Declaration of Commitment adopted at the twenty-sixth special session of the General Assembly, on HIV/AIDS.

I should like to point out that Egypt fully associates itself with the statement made by the Permanent Representative of the United Republic of Tanzania on behalf of the African Group.

HIV/AIDS represents one of the major challenges to the realization of Millennium Development Goals (MDGs) by 2015, especially Goal 6. Despite the fact that the number of persons newly infected by HIV has remained steady at around 4 million annually since the beginning of the millennium and the fact that the number of new cases in developing countries has dropped as a result of national HIV awareness campaigns and prevention programmes being implemented in coordination with the United Nations and its relevant entities, the total number of people infected by and living with HIV rose to 40 million worldwide by the beginning of this year, with 63 per cent of them living in Africa. Unless it is effectively addressed, that trend could make AIDS the third leading cause of death worldwide by 2030.

Undoubtedly, achieving the goal of universal access to HIV prevention, treatment, care and support programmes by 2010 — which was adopted by the General Assembly in resolution 60/262 to reinforce national capacities to combat AIDS — will require that we address more effectively the lack of national capacity in developing countries, especially low-income countries, while also addressing the ability of those countries to provide care and step up awareness-raising campaigns in the area of sexuality and social attitudes. That will require investments to develop social and governmental capacity to train personnel and provide antiretroviral drugs at reasonable cost. Many Governments in such income countries cannot provide such care without external assistance.

In addition to reinforcing national capacities, it is also essential to enhance regional capacities, especially in the light of the decision of the African Union at Sirte in 2005, which was based on an Egyptian initiative, to establish an African centre devoted primarily to promoting cooperation in the fight against AIDS. That centre would also act as the focal point for other specialized centres in this field in the continent. That regional initiative requires both financial and technical support, but there is also a need to support the efforts made by African countries at the national level.

The international community has a special responsibility in that regard. It must not only provide the necessary financial resources — which the report of the Secretary-General expects will experience a shortfall of $8 billion dollars this year — but must also find bold solutions for the trade-related aspects of the intellectual property rights associated with existing HIV drugs and the vaccines currently being researched and developed. We must provide drugs for everyone at a reasonable cost. The responsibility that the

international community must assume must be matched by a parallel responsibility to maximize the utilization of the support provided in a manner that ensures its effectiveness, and within a framework that guarantees the coordination of efforts with social programmes in that regard, in particular those of non-governmental organizations and civil society which have important roles.

Likewise, preventing and combating HIV/AIDS is an integral part of the comprehensive development process in developing countries. It is part of developing economic, educational and health infrastructure and of promoting the transfer of know-how and technologies, especially as regards the pharmaceutical industry. Along with the support of all stakeholders in society, we must also change social attitudes and improve the availability of early diagnosis and treatment.

As part of the international commitment to combat the disease, more international efforts are needed in the fight against the illegal trafficking in drugs and narcotics. The United Nations must also make greater efforts to promote the peaceful settlement of armed conflicts, especially in Africa. Such conflicts are a drain on the economic potential of countries in which the epidemic is spreading. Armed conflicts also contribute to the increasing social marginalization of infected persons as a result of the fear of infection. The growth in the number of orphaned children, who become susceptible to recruitment into armed conflicts, and the burgeoning number of sex-related crimes also lead to the spread of HIV infection among young people, women and children. Such negative effects also have an impact upon peacebuilding efforts in many post-conflict situations.

Given the challenges I have referred to, we must address this disease energetically and with resolute determination, so as to fully implement what we pledged in the Political Declaration on HIV/AIDS, which the Assembly adopted last year. We must work sincerely to strengthen international and national systems and furnish the necessary support in a manner that maintains the balance between the need to improve services and ensuring universal access as soon as possible. We must also ensure that we provide treatment and prevention services, increase assistance to persons living with HIV/AIDS and guarantee the efficient use of resources, with a view to achieving the Millennium Development Goals in each and every country, especially Goal 6, by the deadline that has been set.

Mr. Viossat (France) (*spoke in French*): In reading the report of the Secretary-General (A/61/816), one can appreciate the remarkable progress that has been made in the fight against AIDS in the past 10 years, especially with the founding of the Global Fund. At the same time, however, one cannot fail to be alarmed by two statistics. They show that new cases of infection have stabilized at about 4 million a year and that there has been a sharp increase in the number of people dying of AIDS — from 2.2 million in 2001 to 2.9 million in 2006. We are genuinely in a race against time. The fight against HIV/AIDS continues to be a health emergency, even though we must plan our efforts in the long-term.

On the strength of the Secretary-General's report and consistent with the statement made by the representative of Germany on behalf of the European Union, I would like to highlight three of the main obstacles to universal access to prevention, care and treatment, which remain our priority goal.

First, the challenge posed by universal access to prevention, care and treatment is ultimately one of generalized access to health services. The right to health as a human right and as an element of the common good is gradually being recognized by means of international commitments. Nevertheless, it still has too little effect in many countries. We must focus our assistance in order to reduce the gap between right and reality.

As the Secretary-General's report quite correctly underscores, many countries now have a national plan to combat AIDS that sets out objectives, indicators and budgets. The preparation of such plans has made it possible to identify the barriers to universal access — without, however, defining solutions to overcome them. We must now help countries to resolve those issues, if they want us to help. Stumbling blocks persist, and it is not surprising that they are the most sensitive and the most complex to solve. I am referring to the lack of health systems — and in that regard we welcome the initiatives to address such issues in the framework of the German presidency of the G-8 — and to the lack of human resources, affordable drugs and long-term financing, as well as to the actual delivery of services for the most vulnerable populations.

Access to drugs for developing countries is clearly a major factor in this fight. We hope that the work done in recent months by the International Drug Purchase Facility in coordination with the Global Fund, the World Health Organization and the partners involved will allow us to achieve our objectives.

Secondly, discrimination and stigma are slowing access to prevention, care and treatment. We must fight all forms of discrimination and stigma. This is what must become generalized: the fight against discrimination; changing behaviour so as to end exclusion and violence against marginalized people — who are also the most discriminated against, namely, the poor, foreigners, men who have sexual relations with men, drug users, male and female sex workers and prison populations; and, lastly, the rejection of ideologies and the focusing of our efforts on public health on the basis of research-supported data in all instances. We will win the fight against HIV/AIDS if the tools for prevention are proportionate to the speed at which the epidemic is spreading and if treatments, especially second-line treatments, are proportionate to what is needed.

The challenge ahead lies in devising new strategies for prevention. Health and primary prevention programmes must be redesigned and tailored to communities where they are implemented. Everyone must be given access to effective prevention tools that are adapted to the socio-cultural situations of families and to the new situations of risk, including for married and stable couples. Given the goal of universal access, which requires standardization and planning, the challenge also lies in not losing sight of the uniqueness of AIDS sufferers and in adapting to their reality in order to provide services that provide the best response to their individual needs.

Lastly, mobilization and political commitment are the principal engine in the fight against AIDS. Success will be achieved only through the political and civic commitment of public actors, especially on the part of health workers, civil society and people living with HIV. That is the entire purpose of the General Assembly, and its role, when it forcefully reminds us annually of the need for the international community to spare no effort in the fight against AIDS. However, let us be clear. Although progress has been made in the past seven years, there is still a long road ahead if we are to achieve the objective we set ourselves of universal access by 2010. Along with developing countries, the rest of the international community and people affected by HIV/AIDS, France will remain in the lead in this fight.

The President: We have heard the last speaker on the debate on this item for this meeting. We shall continue the debate this afternoon at 3 p.m.

The meeting rose at 1.10 p.m.